



**Leander Police Department  
Citizen's Police Academy  
Application for Enrollment**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_ SSN: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_  
Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_  
Alternate phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Best way to contact you with short notice ☐ Cell phone ☐ Email ☐ Other \_\_\_\_\_  
Employer: \_\_\_\_\_ Job title: \_\_\_\_\_  
Community group affiliation (if any): \_\_\_\_\_  
Previous community activity or involvement: \_\_\_\_\_  
Why do you want to participate in the Citizen's Police Academy? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
How did you hear about the Citizen's Police Academy? \_\_\_\_\_

**List two references**

Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

I authorize the Leander Police Department to conduct a background investigation to obtain any information relating to my criminal history record for the purpose of making a determination of eligibility for the Citizen's Police Academy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail or hand deliver completed form to:

Support Services Officer  
Leander Police Department  
705 Leander Drive  
Leander, Texas 78641